INITIAL/STRENGTH/FULL ASSESSMENT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
PUBLIC ASSISTANCE
SFN 740 (01-2004)

Clear Fields

INITIAL ASSESSMENT

Name	Social Security Number
Case Number	Date

Instructions - This form is designed to help identify you or anyone in your household's social/economic needs. Please answer all questions as best you can. All information is confidential and will be used only to determine what programs and services can best fit you and your family's needs. **The information from the assessment will be used to set goals, linkage to services, and for case planning. If we suspect child(ren) are in danger, this may be reported to the proper authorities.**

What has happened in the last few weeks that has required you to apply for assistance?

What have you tried before coming here, including contact with another agency?

What is standing in the way of your being employed full time? (i.e. legal issues, basic need, felony conviction, medical concerns, education, a move, a new baby, etc.)

How long do you plan on being on TANF? Months Years	How do you expect TANF to help you?

Does anyone in the household need help FINDING affordable housing or PAYING for housing?
☐ No ☐ Yes-Explain:

Does anyone in the household need help PAYING for heating or cooling costs?
☐ No ☐ Yes-Explain:

Does anyone in the household need referral to a food pantry?
☐ No ☐ Yes-Explain:

Does anyone in the household need a referral to a domestic violence shelter?
☐ No ☐ Yes-Explain:

Comments

STRENGTHS SURVEY

Name	Social Security Number
Case Number	Date

(This section is optional and would be completed either by the TANF caretaker(s) during the initial assessment, completed during the interactive assessment, or completed by the applicant/recipient).

Check all the following strengths that apply to you:

- ☐ Willing to try new things
- ☐ Can express oneself in writing
- ☐ Strong work ethic
- ☐ People trust me
- ☐ Know how to get a job
- ☐ Confidence in self
- ☐ I'm a self-starter
- ☐ People follow my leadership
- ☐ Able to speak another language
- ☐ Positive sense of humor
- ☐ Good health
- ☐ Flexible
- ☐ Have long-range goals
- ☐ Willing to work hard
- ☐ Organized
- ☐ Energetic
- ☐ Learn quickly
- ☐ Get along well with people
- ☐ Creative
- ☐ Enthusiastic
- ☐ Regular work attendance
- ☐ Know helpful community resources
- ☐ Able to manage money well
- ☐ Have a positive attitude
- ☐ Know what kind of job I want
- ☐ Good role model
- ☐ I like to read
- ☐ Can manage my household well
- ☐ Know what I want to do
- ☐ Money in the bank
- ☐ Have support from my family
- ☐ Faith
- ☐ Have work experience
- ☐ Can make decisions
- ☐ Handle stress in a positive way
- ☐ Have support from my friends
- ☐ Parenting skills
- ☐ Risk taker
- ☐ Loyal
- ☐ Good credit
- ☐ Able to speak in public
- ☐ Manage time wisely
- ☐ Job skills
- ☐ Other (Specify):

Comments

FULL ASSESSMENT

Name	Social Security Number
Case Number	Date

MENTAL, SOCIAL, OR EMOTIONAL NEEDS

(Note - This is a preliminary screening on mental health issues. If an answer is YES to any of the questions, consider a referral for a mental health assessment.)

Are you or anyone in your household receiving mental health services?
☐ No ☐ Yes-Explain:

Do you or any member of your household have any mental health concerns? (i.e. depression, anxiety, inability to cope, mood swings, etc)
☐ No ☐ Yes-Explain:

Do you or anyone in your household feel tired, have little energy, or difficulty concentrating?
☐ No ☐ Yes-Explain:

Do you or anyone in your household have trouble sleeping or eating (too little or too much)?
☐ No ☐ Yes-Explain:

Do you or anyone in your household feel that you are not enjoying the activities that you used to?
☐ No ☐ Yes-Explain

Do you or anyone in your household feel that it takes longer than before to make decisions?
☐ No ☐ Yes-Explain:

Comments/Notes

SUBSTANCE ABUSE

(Note - This is a preliminary screening for substance abuse. If an answer is YES to any of the questions, consider a referral for a substance abuse assessment.)

Are you or anyone in your household participating in substance abuse counseling?
☐ No ☐ Yes-Explain:

During the past year, did you or anyone in your household lose a job because of drinking or using drugs?
☐ No ☐ Yes-Explain:

During the past year, were you or anyone in your household arrested by the police for driving under the influence?
☐ No ☐ Yes-Explain:

Do you or anyone in your household lose his or her temper or get into arguments or fights because of drinking or using drugs?
☐ No ☐ Yes-Explain:

During the past year, have you or anyone in your household sought medical treatment or participated in a program for drug or alcohol problems?
☐ No ☐ Yes-Explain:

Comments/Notes

GAMBLING ADDICTION

(Note - This is a preliminary screening for gambling addiction. If an answer is YES to any of the questions, consider a referral to a gambling addiction assessment.)

Are you or anyone in your household participating in gambling addiction services?
☐ No ☐ Yes-Explain:

Do you or anyone in your household ever feel the need to bet more and more money?
☐ No ☐ Yes-Explain:

Do you or anyone in your household ever lie about how much you gamble?
☐ No ☐ Yes-Explain:

Comments/Notes

DOMESTIC VIOLENCE

(Note - This is a preliminary screening for domestic violence. If an answer is YES to any of the questions, make a referral to access the individual experiencing domestic violence.)

Are you or anyone in your household participating in domestic violence counseling?
☐ No ☐ Yes-Explain:

Have you or has anyone in your household been in a relationship in which a partner (spouse, boyfriend), girlfriend) has been physically, sexually, emotionally or verbally abusive? Such as: pushed, shoved, hit, or slapped you or a member of your household?
☐ No ☐ Yes-Who?

Kept you or a member of your household away from family or friends?
☐ No ☐ Yes-Who?

Destroyed your possessions such as car, clothes, furniture, family photos, or hurt your pets?
☐ No ☐ Yes-Who?

Threatened to take your child(ren) away from you?
☐ No ☐ Yes-Who?

Monitored your actions, like listening to calls, following you, checking your mileage?
☐ No ☐ Yes-Who?

Stalked you; such as driving by your work, or your house, showing up unexpectedly at your home or work place, or making a lot of phone calls to your work or home?
☐ No ☐ Yes-Who?

Told you that you are worthless, called you names or made you feel bad about yourself?
☐ No ☐ Yes-Who?

Comments/Notes

FAMILY ISSUES

(Note - If an answer is YES to any of the questions, make the appropriate referrals for an assessment.)

Are you or anyone in your household already participating in family or individual counseling?

☐ No ☐ Yes-Explain:

Are you or anyone in your household experiencing relationship or family problems or issues we have not talked about? Examples include but are not limited to the following:

* Divorce/Separation
* Overwhelmed by parenting or child(ren) behavior (kids driving you crazy)?
* Grief
* Family Conflict
* Other (Explain):

☐ No ☐ Yes-Who are the individual(s)?

Comments/Notes

SOCIAL SECURITY/WORKFORCE/VOC REHAB/VA

(Note - If an answer is YES to the following question, make the appropriate referrals.)

Do you or any member of your household have any health impairments, injuries, or disabilities; or concerns that would prevent you from getting and/or keeping a job?

☐ No ☐ Yes-Explain:

If you answered no to the above question, skip to the VA Benefits and VR

SOCIAL SECURITY

Does anyone in the household under age 65 have a disability that is not receiving Social Security Disability or Social Security Income (SSI)?

☐ No ☐ Yes-Explain:

Have you or anyone in your household ever applied for or have a current application for Supplemental Security Income(SSI), or Social Security Disability Insurance (SSDI)? If yes, explain what happened and the present status of your application.

☐ No ☐ Yes-Explain:

WORKFORCE SAFETY AND INSURANCE (WORKER'S COMPENSATION):

Have you or a member of your household been injured in the workplace within the last year? **If no, skip the next two questions.**

☐ No ☐ Yes-Who?

If yes, have you or anyone in your household applied for Workforce Safety and Insurance (Worker's Compensation)? **If no, skip the next question.**

☐ No ☐ Yes-Who?

If yes, have you or anyone in your household been denied Workforce Safety and Insurance or received a settlement from Workforce Safety and Insurance for this injury?

☐ No ☐ Yes-Who?

REHABILITATION CONSULTING AND SERVICES

Are you or anyone in your household participating with Rehabilitation Consulting and Services through the Department of Human Services (DHS)?

☐ No ☐ Yes-Who?

Would you or a member of your household like a referral to Rehabilitation Consulting and Services for assessment and/or services?

☐ No ☐ Yes-Who and explain:

ADA - WORK PREPARATION SCREEN QUESTIONNAIRE

Only ask these questions if the individual is not being referred to the Jobs Program.
(Note: If the answer is YES to any of the below questions, discuss a referral to Rehabilitation Consulting and Services).

Do you or anyone in your household need help from others to complete daily living tasks?
☐ No ☐ Yes-Who and Explain:

Do you or anyone in your household need special devices or accommodations to perform work tasks?
☐ No ☐ Yes-Who and Explain:

Do you or anyone in your household have difficulty remembering how to spell words that you or the household member should know how to spell?
☐ No ☐ Yes-Who and Explain:

Are you or a member of your household frequently unable to follow verbal or written directions?
☐ No ☐ Yes-Who and Explain:

Do you or a member of your household have difficulty concentrating on a single task for any length of time?
☐ No ☐ Yes-Who and Explain:

If yes, has this affected your or the household member's ability to find or keep a job?
☐ No ☐ Yes-Who and Explain:

Have you or a member of your household been told they cannot work because of a disability?
☐ No ☐ Yes-Who and Explain:

Have you or a member of your household ever received special educational services?
☐ No ☐ Yes- What type or special services, assistance, or modifications?

VETERANS BENEFITS

Are you or anyone in your household a dependent, spouse, ex-spouse, or widow of a member of the armed services, or of a veteran of the armed services and is qualified to receive Veterans benefits?
☐ No ☐ Yes-Who?

Comments/Notes

BUDGET/NUTRITION

(Note: If the household is currently participating in budget counseling services do not ask the last question. If YES to any of the below questions, consider a referral for budget and/or nutritional counseling.)

Are you or anyone in the household participating in Budget Counseling?
☐ No ☐ Yes-Explain:

Have you or anyone in the household recently received a mortgage foreclosure, eviction notice, or utility shut-off notice?
☐ No ☐ Yes

Are you or anyone in the household interested in Budget Services assistance? (Examples include overdue payments, bounced checks, payday loans, repossessions, rent-to-own)
☐ No ☐ Yes - Who and for which service?

Would you or anyone in your household like more information or instruction in stretching your food dollars, meal planning, and/or food preparation?
☐ No ☐ Yes

Comments/Notes

WIC

(Note: If the household is already participating in the WIC Program, do not ask the following question.)

Are you or PARTICIPATINGin the WIC Program?	Are you or INTERESTED in the WIC Program?
☐ No ☐ Yes	☐ No ☐ Yes

EARLY CHILDHOOD/PRESCHOOL

(Note: Do not ask this question if the children are over the age of six.)

Are all pre-school age children enrolled in a pre-school program?

☐ No ☐ Yes

If not, are you interested in enrolling the child(ren) in preschool or headstart?

☐ No ☐ Yes - Who?

EDUCATION

Individuals not in the JOBS Program.

Are you or anyone in ye our household participating in a GED Program?

☐ No ☐ Yes - Who?

LEGAL-HOUSING RIGHTS

Does any member of the household need assistance because they have received an eviction notice, had a landlord refuse to make needed repairs, or believe they have been discriminated against with regard to housing?

☐ No ☐ Yes - Who?

Comments/Notes

TRANSPORTATION

Does any member of the household have transportation needs that would prevent them from getting to work, seeking work, getting their child(ren) to childcare or other unmet transportation needs?

☐ No ☐ Yes - Who?

Do you or any other household member have a valid drivers license?

☐ No ☐ Yes - Who?

Do you or any other household member have a vehicle available for use?

☐ No ☐ Yes - Who?

Comments/Notes